

**MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT**

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

**This form is a continuation of SECTION V, DA Form 3975.****Please attach it to DA Form 3975 when completed.****PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately identified.  
**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

|                                  |                    |               |                          |
|----------------------------------|--------------------|---------------|--------------------------|
| 1. MILITARY POLICE REPORT NUMBER | 2. DATE (YYYYMMDD) | 3. ORI NUMBER | 4. USACRC CONTROL NUMBER |
|----------------------------------|--------------------|---------------|--------------------------|

|         |       |         |
|---------|-------|---------|
| 5. THRU | 6. TO | 7. FROM |
|---------|-------|---------|

**SECTION V - PERSONS RELATED TO REPORT**

|                                     |  |
|-------------------------------------|--|
| 1a. PERSON RELATED TO REPORT NUMBER | 1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police<br><input type="checkbox"/> Sponsor <input type="checkbox"/> Witness |
|-------------------------------------|--|

|  |                           |   |
|--|---------------------------|---|
| 1c. NAME (Last, First, Middle Name, Jr., Sr., III) | 1d. SSN/FNN/ALIEN REG NO. | 1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien<br><input type="checkbox"/> Country (Specify) |
|--|---------------------------|---|

|  |                    |                               |   |                |
|--|--------------------|-------------------------------|---|----------------|
| 1f. CATEGORY<br><input type="checkbox"/> A Army<br><input type="checkbox"/> C Coast Guard<br><input type="checkbox"/> F Air Force<br><input type="checkbox"/> H Public Health<br><input type="checkbox"/> M Marine<br><input type="checkbox"/> N Navy<br><input type="checkbox"/> O NOAA<br><input type="checkbox"/> P Family Member<br><input type="checkbox"/> Q Civil Service<br><input type="checkbox"/> R Civilian<br><input type="checkbox"/> S Contractor<br><input type="checkbox"/> T Other Gov. Empl.<br><input type="checkbox"/> U Foreign Nat'l Empl.<br><input type="checkbox"/> V Other Foreign Nat'l<br><input type="checkbox"/> W Retired Military | 1g. DOB (YYYYMMDD) | 1h. POB (City, State, County) | 1i. GRADE   | 1j. HOME PHONE |
|  | 1k. WORK PHONE     | 1l. NICKNAMES/ALIAS           | 1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves |                |

|                           |  |                                 |
|---------------------------|--|---------------------------------|
| 1n. DRIVER LICENSE NUMBER | 1o. IS LICENSE <input type="checkbox"/> Foreign <input type="checkbox"/> International | State (Specify) Other (Specify) |
|---------------------------|--|---------------------------------|

|   |                       |             |
|---|-----------------------|-------------|
| 2a. ORGANIZATION, UIC, AND STREET ADDRESS | 2b. INSTALLATION/CITY | 2d. ZIP/APO |
|---|-----------------------|-------------|

|                   |                |
|-------------------|----------------|
| 2c. STATE/COUNTRY | 2e. UNIT PHONE |
|-------------------|----------------|

|                              |                       |             |
|------------------------------|-----------------------|-------------|
| 3a. RESIDENCE STREET ADDRESS | 3b. INSTALLATION/CITY | 3d. ZIP/APO |
|------------------------------|-----------------------|-------------|

|                   |
|-------------------|
| 3c. STATE/COUNTRY |
|-------------------|

4a. DD FORM 2701 PROVIDED

☐ YES ☐ NO

4b. IF NOT PROVIDED, WHY NOT?

☐ Declined ☐ Not Required

5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701

|  |   |  |   |  |
|--|---|--|---|--|
| 1a. PERSON RELATED TO REPORT NUMBER  |   | 1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police<br><input type="checkbox"/> Sponsor <input type="checkbox"/> Witness |   |  |
| 1c. NAME (Last, First, Middle Name, Jr., Sr., III)   |   | 1d. SSN/FNN/ALIENREG NO.   | 1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien<br><input type="checkbox"/> Country (Specify) |  |
| 1f. CATEGORY<br><input type="checkbox"/> A Army<br><input type="checkbox"/> C Coast Guard<br><input type="checkbox"/> F Air Force<br><input type="checkbox"/> H Public Health<br><input type="checkbox"/> M Marine<br><input type="checkbox"/> N Navy<br><input type="checkbox"/> O NOAA<br><input type="checkbox"/> P Family Member<br><input type="checkbox"/> Q Civil Service<br><input type="checkbox"/> R Civilian<br><input type="checkbox"/> S Contractor<br><input type="checkbox"/> T Other Gov. Empl.<br><input type="checkbox"/> U Foreign Nat'l Empl.<br><input type="checkbox"/> V Other Foreign Nat'l<br><input type="checkbox"/> W Retired Military | 1g. DOB (YYYYMMDD)  | 1h. POB (City, State, County)  | 1i. GRADE   |  |
|  | 1k. WORK PHONE  | 1l. NICKNAMES/ALIAS  | 1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard<br><input type="checkbox"/> V Reserves    |  |
|  | 1n. DRIVER LICENSE NUMBER   | 1o. IS LICENSE State (Specify) Other (Specify)<br><input type="checkbox"/> Foreign<br><input type="checkbox"/> International   |   |  |
|  | 2a. ORGANIZATION,UIC, AND STREET ADDRESS  | 2b. INSTALLATION/CITY  | 2d. ZIP/APO   |  |
|  | 3a. RESIDENCE STREET ADDRESS  | 2c. STATE/COUNTRY  | 2e. UNIT PHONE  |  |
|  |   | 3b. INSTALLATION/CITY  | 3d. ZIP/APO   |  |
|  |   | 3c. STATE/COUNTRY  |   |  |
|  | 4a. DD FORM 2701 PROVIDED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | 4b. IF NOT PROVIDED, WHY NOT?<br><input type="checkbox"/> Declined <input type="checkbox"/> Not Required                          |  |
|  | 5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701                         |  |   |  |

  

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| 1c. NAME (Last, First, Middle Name, Jr., Sr., III)   |   | 1d. SSN/FNN/ALIENREG NO.   | 1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien<br><input type="checkbox"/> Country (Specify) |  |
| 1f. CATEGORY<br><input type="checkbox"/> A Army<br><input type="checkbox"/> C Coast Guard<br><input type="checkbox"/> F Air Force<br><input type="checkbox"/> H Public Health<br><input type="checkbox"/> M Marine<br><input type="checkbox"/> N Navy<br><input type="checkbox"/> O NOAA<br><input type="checkbox"/> P Family Member<br><input type="checkbox"/> Q Civil Service<br><input type="checkbox"/> R Civilian<br><input type="checkbox"/> S Contractor<br><input type="checkbox"/> T Other Gov. Empl.<br><input type="checkbox"/> U Foreign Nat'l Empl.<br><input type="checkbox"/> V Other Foreign Nat'l<br><input type="checkbox"/> W Retired Military | 1g. DOB (YYYYMMDD)  | 1h. POB (City, State, County)  | 1i. GRADE   |  |
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|  | 2a. ORGANIZATION,UIC, AND STREET ADDRESS  | 2b. INSTALLATION/CITY  | 2d. ZIP/APO   |  |
|  | 3a. RESIDENCE STREET ADDRESS  | 2c. STATE/COUNTRY  | 2e. UNIT PHONE  |  |
|  |   | 3b. INSTALLATION/CITY  | 3d. ZIP/APO   |  |
|  |   | 3c. STATE/COUNTRY  |   |  |
|  | 4a. DD FORM 2701 PROVIDED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | 4b. IF NOT PROVIDED, WHY NOT?<br><input type="checkbox"/> Declined <input type="checkbox"/> Not Required                          |  |
|  | 5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701                         |  |   |  |